

PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDE		Docket Number (Optional)							
FY 2005	2846-0284P								
(Fees pursuant to the Consolidated Appropriations A									
Application Number 10/699,868-Co	Filed November 4, 2003								
For SOLID-STATE GYROSCOPES AND PLANAR THREE-AXIS INERTIAL MEASUREMENT UNIT									
Art Unit 2856	Examiner	xaminer J. C. Hanley							
This is a request under the provisions of 37 CFR identified application.									
The requested extension and fee are as follows (check time period desi	red and enter the ap	ppropriate fee below):						
	<u>Fee</u>	Small Entity Fee	!						
One month (37 CFR 1.17(a)(1))	\$120	\$60							
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$						
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00						
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
X Applicant claims small entity status. See a A check in the amount of the fee is enclos Payment by credit card. Form PTO-2038 The Director has already been authorized X The Director is hereby authorized to charge Deposit Account Number 02-2448	ed. is attached. to charge fees in this a		lit any overpayment, to						
I am the applicant/inventor. assignee of record of the estatement under 37 C attorney or agent of record	FR 3.73(b) is enclosed	. (Form PTO/SB/96	5).						
attorney or agent under 37	7 CFR 1.34.		•						
Registration number if actir	ng under 37 CFR 1.34	32,334	·						
1 ml ()	Marc	h 15, 2006							
Signature V		u D	Date						
Joe McKinney Muncy	<u> 443</u> 56	/U	205-8000						
Typed or printed name	71 ' /	'	one Number						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of 1 forms are su	ubmitted.								

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510.00 OP





PTO/SB/17 (12-04v2)
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Under the Paperwork Reduc	tion Act of 1995,	no person are re	quired to	respond to a collecti				control number.		
Effective on 12/08/2004.			Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/699,868-Conf. #5116					
FEE TRANSMITTAL			· · · · · · · · · · · · · · · · · · ·		November 4, 2003					
For FY 2005					Shyu-Mou CHEN					
			Examiner Name J. C. Har			эу 				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2856			***				
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			Attorney Docket No. 2846-0284P							
METHOD OF PAYMENT (check all that apply)										
x Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-ident	ified deposit a	ccount, the D	irector is	hereby authoriz	ed to: (che	eck all that apply))			
Charge fee(s)	indicated belo	ow		Charg	je fee(s) ir	ndicated below, e	xcept for th	ne filing fee		
X Charge any a fee(s) under			ment of	x Credi	any over	payments				
FEE CALCULATION					-	-	•			
1. BASIC FILING, SEARCH	I, AND EXAM	INATION FEI	E\$		_		-			
		FEES	SE	ARCH FEES		NATION FEES	;			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES								Small Entity		
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>		
Each claim over 20 (includ	•	. D . '					50	25		
Each independent claim over Multiple dependent claims	er 3 (including	g Keissues)					200	100		
1	01-1	(4)	F 1	5-:-! (6)			360	180		
		e (\$)	ree	Paid (\$)	_	Multiple Dependent Claims				
	x					ee (\$)	Fee Paid (\$	7		
Indep. Claims Extra	Claims Fe	e (\$)	Fee	Paid (\$)						
·=	x	=								
3. APPLICATION SIZE FEE	_		•			·				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction there						entity) for each a	idditional 30	J		
Total Sheets E	xtra Sheets	Number		dditional 50 or fra		of Fee (\$)	Fee	Paid (\$)		
- 100 =		/50		(round up to a wh	ole number) x	=			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						Fees	Paid (\$)			
Other (e.g., late filing surcharge): 1253 Extension for response within third month 510.00							0.00			
SUBMITTED BY										
Signature		has	\ <u> </u>	Registration No. (Attorney/Agent)	32,334	Telephone	(703) 20	5-8000		
Name (Print/Type) Joe McKi	inney Muncy	7 0 0	~ `	, morney/Agent)		Date	March 15			
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